FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		AAINIZA	_		
		(See instructions)	(Office use only
NAME OF COMMITTEE (in		eck if name anged)	Example: If typying, type over the lines	12FE4M5	
ALLIED PILO	TS ASSOCIATION POL	ITICAL ACTI			
	<u> </u>				
ADDRESS (number and	street) 14600 Tri	nity Blvd			
(Check if add is changed)					76155 2512
	Fort Wor	<u>"'</u>		LTX L	76155 2512
COMMITTEE'S E-MA	UL ADDRESS	(CITY	STATE▲	ZIP CODE 📥
jeaton@hq.all		1111			
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
www.alliedpi	lots.org			11111	
COMMITTEE'S FAX 8173022239	NUMBER				
2. DATE M 0 4	M / D D / Y Y 19	0 0 6			
3. FEC IDENTIFICA	ATION NUMBER	С	C00267849		
4. IS THIS STATEM	MENT X NEW (N)	OR	AMENDED (A)		
I certify that I have exam	nined this Statement and to the	e best of my knowl	edge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer Jame	es E Eaton, P	AC TREASURER		
Signature of Treasure	r Electronically Filed by	James E Ea	ton, PAC TREASURER	Date 0 4	19 / 2006
NOTE: Submission of fa	•	-	ubject the person signing this Stat	•	s of 2 U.S.C. S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

This committee is a principal campaign committee. (Complete the candidate information below.) Candidate	Page 2	FEOForm 1 (Revised 02/2003)					
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Party Affiliation Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) This committee is a (National, State (or subordinate) committee of the Republican,etc.) Part (e) X This committee is a separate segregated fund (f) This committee is a separate segregated fund This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. Mailing Address CITY STATE X ZIP CODE A		. TYPE OF COMMITTEE (Check One)					
information below.) Name of Candidate Party Affiliation Candidate Party Affiliation Candidate Party Affiliation Candidate President Candidate President Candidate (National, State (or subordinate) committee of the Candidate Candidate	plete the candidate information below.)	(a) This committee is a principal campai					
Candidate Candidate Party Affiliation City							
Party Affiliation Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) This committee is a (National, State) (Openocratic, Republican, etc.) Part (e) This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. 3. Name of Any Connected Organization or Affiliated Committee Mailing Address CITY STATE ZIP CODE							
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Candidate (d) This committee is a (or subordinate) committee of the Republican,etc.) Part (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. 3. Name of Any Connected Organization or Affiliated Committee Mailing Address CITY STATE ZIP CODE	is NOT an authorized committee.	(c) This committee supports/opposes onl					
(d) This committee is a							
Mailing Address CITY STATE A ZIP CODE A	te) committee of the Republican,etc.) Party.	(e) X This committee is a separate segrega (f) This committee supports/opposes mo					
CITY STATE A ZIP CODE A		. Name of Any Connected Organization or Affiliate					
CITY STATE A ZIP CODE A							
CITY STATE A ZIP CODE A							
CITY STATE ZIP CODE A		Mailing Address					
Relationship	STATE ▲ ZIP CODE ▲						
		Relationship					
Type of Connected Organization:		Type of Connected Organization:					
Corporation Corporation w/o Capital Stock Labor Organization	apital Stock Labor Organization	Corporation					
Membership Organization Trade Association Cooperative	Cooperative	Membership Organization					

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Write or Type Committee Name

		E						
	ustodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.							
Full Name	IN LAWRENCE,- PAC ASST TREAS	LAWRENCE,- PAC ASST TREAS						
Mailing Address	14600 TRINITY BLVD #500	14600 TRINITY BLVD #500						
	FT WORTH		76155					
Title or Position ♥	CITY A	STATE	ZIP CODE A					
		Telephone number						
Treasurer: List the nai name and address of a	me and address (phone number optional) of any designated agent (e.g., assistant treasure	f the treasurer of the commi	ittee; and the					
Full Name of Treasurer James E Eaton, PAC TREASURER								
Mailing Address	14600 Trinity Blvd #500							
•								
•	Ft Worth		76155 <u> </u>					
Title or Position ♥			76155 – 2512 ZIP CODE ▲					
	Ft Worth CITY ▲							
Title or Position ♥ Full Name of Designated	Ft Worth CITY ▲	STATE ▲						
Title or Position ♥ Full Name of Designated	Ft Worth	STATE ▲						
Title or Position ▼ Full Name of Designated Agent JOH	Ft Worth CITY A IN LAWRENCE,- PAC ASST TREAS	STATE ▲						
Title or Position ▼ Full Name of Designated Agent JOH	Ft Worth CITY A IN LAWRENCE,- PAC ASST TREAS 14600 TRINITY BLVD #500	STATE A Telephone number	ZIP CODE A					

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	Mailing Address	ALLIED FIRST BANK 387 SHUMAN BLVD #290 E					
		P O BOX 3272 NAPERVILLE	63 _				
		CITY △ STATE △ ZIF	PCODE A				